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REGISTRATION OF BIRTHS.

HOW IT MAY BE SECURED.

The following extract is taken from the May (1916) bulletin of the New Jersey State Department of Health. Its truth will be recognized, as will also the fact that the statements are equally true as regards securing the reporting of the notifiable diseases.

One of the best ways for boards of health to secure birth reports without prosecution is to prosecute a few physicians who fail to report, and then other reports will begin to roll in without prosecution. The good effect of a few prosecutions can be multiplied by wide and extended publicity through the newspapers. * * *

Birth reporting, like charity, begins at home. Most boards of health have some physician members. Are these physicians reporting their births promptly as required by law? The first step in the crusade for birth reporting should be to see that the members of boards of health make proper returns.

THE NOTIFIABLE DISEASES.

REPORTED PREVALENCE DURING 1915 BY STATES.

DENGUE, DIPHTHERIA, MALARIA, MEASLES, EPIDEMIC CEREBROSPINAL MENINGITIS, POLIOMYELITIS, RABIES, ROCKY MOUNTAIN SPOTTED FEVER, SCARLET FEVER, SEPTIC SORE THROAT, SMALLPOX, TUBERCULOSIS, TYPHOID FEVER, AND TYPHUS FEVER—CASES REPORTED, INDICATED CASE RATES PER 1,000 POPULATION, AND INDICATED FATALITY RATES PER 100 CASES.

The data from which the following tables have been compiled were obtained from the health departments of the respective States. It is believed that all of the health departments which are making a serious effort to obtain information of the occurrence of preventable diseases within their respective jurisdictions have furnished the data contained in their records. As regards the States not reporting, either the records of the prevalence of communicable diseases were too incomplete to be useful or the data were not in available form.

The tables contain data furnished by and relating to the following States:

Alabama.	Michigan.	South Carolina.
Arizona.	Minnesota.	Texas.
California.	Mississippi.	Utah.
Connecticut.	Nevada.	Vermont.
District of Columbia.	New Jersey.	Virginia.
Hawaii.	New York.	Washington.
Indiana.	Ohio.	West Virginia.
Kansas.	Oklahoma.	Wisconsin.
Louisiana.	Oregon.	Wyoming.
Maryland.	Porto Rico.	

The populations used in computing the case rates were those estimated by the Bureau of the Census as of July 1, 1915.

It will be noted that some of the States are apparently much more successful in obtaining reports of the notifiable diseases than are